

# County of San Diego

## County Medical Services (CMS) Program



Primary Care Handbook  
December 2008

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## **Section I CMS Program**

The San Diego County Medical Services (CMS) Program is not health insurance; it is the program of last resort for eligible adults, which covers only necessary medical services.

The CMS Program is managed for the County of San Diego by an Administrative Services Organization (ASO), AmeriChoice. Medical services are provided by community clinics, specialist physicians, and hospitals, which contract with the County of San Diego, Health and Human Services Agency. A list of participating primary care providers and hospitals can be found in Attachment A. Patient services, appeals, authorizations, claims processing and payment are handled by AmeriChoice. Any physician who accepts an authorization to see a certified patient is paid at CMS reimbursement rates. The following services are available to County Medical Services (CMS) Program certified patients:

- **Primary Care Services:** No authorization is needed when primary care services are provided by a contracted Community Clinic.
- **Emergency Department Services:** Coverage for an approved emergency encounter is limited to health services for a physical health condition. Claims from any San Diego County hospital will be honored for the CMS certified patient presenting for a covered service.
- **Emergency Admissions:** AmeriChoice provides a single authorization number to the hospital for all services associated with the hospital stay, including physician services. This authorization includes one follow-up visit with the attending physician within thirty (30) days of discharge. Additional visits and/or services require authorization from AmeriChoice.
- **Scheduled Admissions:** The admitting physician must obtain prior authorization from AmeriChoice. Approval is based on CMS scope of services and medical necessity.
- **Supplemental Services:** Primary care providers may authorize limited, non-clinic diagnostic procedures and supplies.

### **Handbook – Online Version**

The following link can be used for accessing the online version of this handbook:

<http://www2.sdcounty.ca.gov/hhsa/ServiceCategoryDetails.asp?ServiceAreaID=289>

Click on “Programs”

- Select “Self-sufficiency Programs”
- Click on “View All Services”
- Scroll down to CMS

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## **Important Numbers**

### **AmeriChoice Numbers and Addresses**

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CMS Patient Information Line .....	(858) 492-4444
Eligibility Appointment Line .....	(800) 587-8118
CMS Provider Line (Authorizations, Program Information).....	(858) 495-1300
CMS Provider Fax .....	(858) 495-1399
CMS Provider Claims Line (Claims/Payments) .....	(858) 495-1333
AmeriChoice Program Operations .....	(858) 492-4422
CMS/AmeriChoice Fax Number .....	(858) 565-4091
CMS/AmeriChoice Address: .....	PO Box 939016 San Diego, CA 92193
AmeriChoice County Mail Station .....	0557B

### **County Administration Numbers and Addresses**

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CMS Program Administration Phone .....	(858) 492-2222
CMS Program Administration Fax .....	(858) 492-2265
CMS Program Administration Address .....	PO Box 85524 San Diego, CA 92186-5524
CMS Eligibility Unit.....	(858) 492-2200
Health Coverage Access (Eligibility) County Mail Station .....	0557E
Health Coverage Access (Eligibility) Fax.....	(858) 492-2270

# County of San Diego County Medical Services (CMS) Program

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### Section II Eligibility

To be eligible for CMS services, patient must:

- Have an immediate or chronic health condition
- Be a US citizen or eligible alien
- Be a resident of San Diego County
- Be 21 through 64 years old
- Not be linked to Medi-Cal (aged, blind, CalWORKS or disabled)
- Be within CMS income limits or receive General Relief
- Be within CMS resource limits
- Sign a lien for services covered by CMS

#### Financial Criteria

Financial eligibility criteria for the CMS Program are based on resources and income. Resources include, but are not limited to: cash, funds in checking and savings accounts, and real property other than the patient's primary home.

#### Citizenship/Eligible Alien Status

Patients must have U.S. Citizenship or eligible alien status and must provide proof before certification.

#### Residency

Patients must live in a primary residence located in San Diego County and must provide proof of residence before certification. A fixed address is not required. Patients living on the streets or in a vehicle can be county residents. Patients "visiting" from other counties, states, or countries are not eligible.

#### Eligibility Appointments

Human Services Specialists (HSS) are located in select Community Health Centers and Public Health Centers and local hospitals. HSSs are County employees responsible for determining CMS eligibility. Eligibility appointments with HSSs at the Community Health Centers and Public Health Centers are scheduled by calling (800) 587-8118. Patients requesting ongoing CMS must provide a completed Medical/Dental Need Form (CMS-127) to CMS prior to requesting an eligibility appointment. Eligibility appointments with HSSs at the hospitals are scheduled by hospital staff or the Hospital Outstationed Services (HOS) HSS.

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### County Medical Services (CMS) Medical/Dental Need Form (CMS-127)

The CMS Program is defined as a program of last resort for indigent individuals who have a serious medical need. CMS is not health insurance and addresses only urgent health issues. The medical/dental form must be completed by a licensed or certified health care professional or a designee authorized as appropriate by the health care professional and mailed or faxed to CMS Administrative Services Organization (AmeriChoice) before patients can schedule their next certification appointment.

A CMS-127 is **not** needed when:

- AmeriChoice has an approved Treatment Authorization Request (TAR) waiting to be used and the CMS certification is expiring. An approved TAR is verification of a medical need.
- A CMS inpatient (as identified in the Hospital Outstationed Services (HOS) Policy and Procedures manual) has been hospitalized and referred to HOS. The hospital admission is verification of a medical need.
- A CMS beneficiary has been identified by AmeriChoice as having a chronic medical condition.
- A CMS beneficiary has met their Share of Cost obligation in the last month of their CMS certification period.
- A CMS beneficiary was treated in an Emergency Room within the last 30 days.

### **CMS Eligibility**

Patients apply for CMS eligibility by completing an application and providing verifications to an HSS. The HSS reviews the application and verifications, and makes the decision to approve or deny. If approved, a CMS ID card and Patient Handbook will be mailed to the patient. Patients are approved for a period of up to 6 months. Upon renewal, patients with asthma, diabetes and/or hypertension may be approved eligibility for up to twelve (12) months. Patients receiving General Relief (GR) do not complete an application or submit verifications. After verifying the patient's identity and receipt of GR, the GR HSS gives the patient a blue CMS ID card and a Patient Handbook.

### **CMS Hardship**

An individual whose family income is over 165% FPL, up to and including 350% FPL, and who meets all other CMS eligibility criteria, will be evaluated for a CMS Hardship. CMS Hardship may result in the individual being required to pay or be obligated to pay a monthly Share of Cost (SOC) before CMS paid coverage would become effective (for more information on SOC, please go to the Section VII "Claims" in this handbook). CMS Hardship applications are evaluated by the County of San Diego.



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### Immediate Care

When a non-certified patient requires **immediate** medical care that the clinic cannot provide, the patient should call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660. The Administrative Services Organization (ASO) will evaluate the patient's medical need and if all CMS criteria are met, the AmeriChoice representative will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

### Emergency Room Care

When a non-certified patient has received treatment in an emergency room and is treated (including observation) and released in excess of 24 hours, the patient must call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were treated in an emergency room and provide the date that the treatment took place. The patient will be required to provide documentation to verify the emergency room service date.

### Inpatient Care

When a non-certified patient is admitted to the hospital through the emergency room for less than 24 hours, the patient must call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were hospitalized and provide the date that the treatment took place. The patient will be required to provide documentation to verify the date s/he was hospitalized.

### Scheduled Admissions and Outpatient Care

When a non-certified patient has been scheduled for an admission or outpatient service, the patient should call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660. The patient should inform the customer service representative of the date of the scheduled service. AmeriChoice will evaluate the patient's medical need and if all CMS criteria are met, AmeriChoice will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

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### CMS Identification Card

CMS patients will receive either a blue, or a white CMS Identification Card and Notice of Action (NOA). The ID card and NOA are not proof of eligibility and do not authorize services.

Eligibility for patients who applied for CMS after May 12, 2008 should be verified on the CMS IT System website: [www.sdcmspov.com](http://www.sdcmspov.com)

Examples of the CMS Cards are shown below:


#### Blue card: Front

<p align="center"><b>County of San Diego CMS Program ID Card</b> (800) 587-8118</p> <p>Name: _____</p> <p>DOB: _____</p> <p>*Eligible: _____ thru: _____</p> <p align="center"><b>*Loss of Eligibility: See #4 on reverse</b></p> <p>Primary Care Clinic: _____</p> <p>Phone: (    ) _____</p> <p align="center">Call your clinic if you need health care services.</p>
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#### Back

<ol style="list-style-type: none"><li>1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.</li><li>2. If you have a medical emergency, go to an emergency room or dial 911.</li><li>3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.</li><li>4. If you misuse or alter this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.</li><li>5. You must use all other health insurance before CMS.</li></ol> <p>Other Insurance: _____</p> <p>Patient's Signature: _____</p> <p align="right">Date Issued: _____</p>
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#### White card: Front

<p><b>COUNTY OF SAN DIEGO COUNTY MEDICAL SERVICES P.O. BOX 85222 SAN DIEGO, CA 92186-5222 Phone (800)587-8118</b></p> <p>Name: John Smith Member ID #: AB-123-987 Medical Home (PCC): Ocean Clinic PCC phone #</p> <p>Eligibility Verification: <a href="http://www.sdcmspov.com">www.sdcmspov.com</a></p>	
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#### Back

<ol style="list-style-type: none"><li>1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.</li><li>2. If you have a medical emergency, go to an Emergency Room or dial 911.</li><li>3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.</li><li>4. If you alter or misuse this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.</li><li>5. You must use all other health insurance before CMS.</li></ol> <p>Other Insurance: _____</p> <p>Patient's Signature: _____</p> <p>Date Issued: _____</p>
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### Fraud Referral

When you suspect that a patient is not eligible for CMS, you should call the Patient/Provider Coordinator at (858) 492-4422. You should be able to give the patient's name, address, birth date, and Social Security number and the reason you suspect fraud. You can remain anonymous.

# County of San Diego County Medical Services (CMS) Program

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### Section III Medical Policy and Scope of Services

#### Policy

The County Medical Services (CMS) Program is a medical assistance program servicing indigent adult residents of San Diego County. CMS provides physical health services for acute and chronic health conditions. It is the policy of the CMS program to provide coverage for physical health services when program medical criteria are met. The CMS Medical Director can deny services for medical reasons if established program medical criteria are not met. The provider or the patient has the right to appeal any CMS Program decision that denies a physical health service for medical reasons.

Mental Health Services for adult indigent residents of San Diego County are provided by the County Mental Health Services Division.

The following provides a general overview of the CMS program medical criteria and covered services.

#### Medical Criteria

Medical criteria are used to determine whether or not the CMS program will cover a service or treatment. The CMS program will provide coverage for medical care for an eligible patient whose health condition or symptoms meet the following general criteria:

##### Life-Threatening

Major trauma, myocardial infarction (MI), malignant lesions or tumors, cerebral vascular accidents (CVA), etc.

##### Acute

Conditions that could lead to medical complications or disability such as benign tumors, fractures, gallbladder and ulcer disease, and infectious diseases, etc.

##### Chronic

Conditions that are progressive and require ongoing medical and/or pharmaceutical management such as diabetes, hypertension, asthma, rheumatoid arthritis, etc.

#### Covered Services

Services covered by the CMS program that **do not** require prior authorization:

- Evaluation by a primary care provider to determine the nature and severity of a condition and to order treatment
- Follow-up care by a primary care provider for serious or chronic health conditions

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- Emergency room care for physical health conditions
- Emergency hospital admissions for physical health conditions
- Emergency medical transportation for physical health conditions
- Emergency dental care
- Formulary medications. All prescriptions funded by CMS must be approved by the Food and Drug Administration (FDA)

Services covered **only when prior authorized** by the CMS program:

- Care by a specialist
- Scheduled hospital admissions
- Surgical and diagnostic procedures
- Limited rehabilitation, medical equipment and home health services
- Non-emergency medical transportation
- Optometry exams and supplies
- Non-formulary prescription medications
- Medications and treatment related to preventing organ rejection and/or complication

### Non-covered Services

The following services/diagnoses are **NEVER** covered:

- Pregnancy and all services during a pregnancy
- Pediatrics
- Family Planning
- Infertility services
- Sterilization procedures
- Mental Health services
- Drug and Alcohol Treatment
- HIV+ (early intervention) care by primary care
- Organ and bone transplants and all services related to obtaining a transplant
- Bone marrow transplants
- Experimental Procedures
- Cosmetic Procedures in the absence of trauma or significant pathology
- Non-emergency dental and vision care
- Routine or work examinations
- Completion of medical certificates
- Counseling for lifestyle problems
- Orthodontia
- Non-prescription medications
- Non-FDA-approved medications

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- Emergency room visits for after care, follow-up, and to obtain prescriptions
- Medical or Clinical trials, including any medication, treatment, procedure, or professional component related to any clinical trial in which the CMS patient may be involved.

### Preventive Care

Patients who are receiving primary care and are diagnosed with long-term, chronic conditions are eligible to receive selected preventive services. Services include:

- Annual foot exam by the Primary Care Provider and an Ophthalmology Referral
- Cholesterol lowering agents for patients diagnosed with diabetes or coronary artery disease

### Self-Limiting and Minor Conditions

A visit to a primary care provider to effectively evaluate a patient presenting symptom(s) is always a primary care visit to evaluate self-limiting conditions such as flu or cold is always covered. The evaluation of minor conditions, such as head lice, first degree sunburn or mild contact dermatitis is covered. These conditions can be treated with over-the-counter products. The following table lists the ICD-9 codes that are subject for review:

	ICD-9 Code
Hypercholesteremia	272-272.9
Obesity	278.0
Refractive disorders	367-367.9
Low vision	369-369.9
Acute nasopharyngitis	460
Dental disorders Repeat services are covered when the provider is a dentist	521-529.8
Menopausal disorders (except 627.1 – post menopausal bleeding)	627-629
Corns and callosities	700
Keloid scar	701.4
Scar conditions and fibrosis of the skin	709.2
Diseases of the hair	704-704.9
Toxic effects of alcohol	980-980.09
Conditions influencing health status	V40-V49

These diagnoses are not eligible for referral, but specialty care may be approved when there is concomitant pathology.

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### Stable Long Standing and/or Congenital Conditions

When a condition is not acute or there is no change in the status of the condition, specialty care will NOT be covered. Patients may continue to receive care from their primary care provider as needed. Example conditions are:

- Perforated ear drum without history of recent infection
- Cleft lip/ cleft palate
- Allergies
- Arteriosclerotic heart disease
- Myositis, myalgia
- Fibromyalgia, chronic fatigue
- Nasal fractures (greater than 6 months)
- Chronic back or joint pain
- Implanting and removal (unless imbedded) of IUD devices
- Osteoarthritis

### Limited Ancillary Health Services and Supplies

- Home health services just for suture removal are covered only when the patients' physical condition renders them "home-bound".
- Diagnostic mammograms for women under 40 years of age; 40 years and older refer to BCEDP for diagnostic screening.
- Non-formulary over-the-counter products.
- Custom orthotics are rarely approved. Over-the-counter products are covered with a prescription.
- Dentures – full mouth or anterior stay plate. Patient employment status and health risk are evaluated by AmeriChoice.
- Optometry services – eye exams and glasses
  - Best visual acuity (with current prescription) is 20/50 or worse
  - Patient must have a chronic health condition that requires ongoing treatment or monitoring by the primary care physician
  - Primary care patient for a minimum of 6 months.

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### Second Opinion

AmeriChoice will authorize a request for a second opinion for the patient or provider, or AmeriChoice may suggest a second opinion when any one of the following circumstances are present:

- A more cost-effective treatment option is available.
- Conservative therapy has not been attempted or has not had sufficient time to show results.
- The provider or patient disagrees with the diagnosis and/or the plan of treatment recommended by the specialist.
- The provider or patient is seeking an alternate treatment option that may improve the outcome.
- Patient/provider relationship is hindered.
- Geographic and/or other obstacles prohibit patient from accessing care.

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### Section IV Primary Care Services

During the application process, patients are asked to select a “medical home” where they will receive their primary medical care. Patients are allowed to have one “non-medical home” visit with a contracted primary care clinic, if needed. Authorization is not needed for visits to the patient’s primary clinic; however, health conditions must be within the CMS Scope of Services.

The Primary Clinic is also responsible for completing the paperwork for their established patients who are applying for General Relief, State Disability and Social Security Disability. Patients must be receiving care for the stated condition either directly from the primary provider or a referred specialist. A visit for the sole purpose of completing a form is not an approved visit and receives no compensation from the CMS Program.

A primary care visit always includes:

- A face-to-face encounter with a physician, physician’s assistant or nurse provider for the purpose of examination, diagnosis and treatment of the presenting or chronic medical condition. Primary care providers are employed by the clinic and practice in family or general medicine, internal medicine or gynecology.
- All nursing and supportive services, supplies and equipment provided during the encounter.
- Nutritional counseling and health education are not reimbursed separately, but may be covered by other programs.

Primary care visit may include:

- Diagnostic laboratory tests customarily done by the clinic during a primary care visit
- Plain radiographs (2 view films)
- Simple procedures (injections, vision, hearing tests, EKG and diagnostic pap smears)

#### Referrals

Authorization is needed for diagnostic tests and professional care that is not within the clinic’s scope of practice. A two tiered authorization process is used to authorize non-clinic services.



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### Level I – Supplemental Services

Primary care providers may authorize limited non-clinic services by completing a Primary Care Supplemental Authorization form (CMS-20). Make two (2) copies of the form, or a representative listing must indicate the referral target (name of the vendor or physician) and be forwarded to AmeriChoice on a weekly basis. All supplemental authorizations expire 60 days after date ordered, however, when possible, services should be obtained within thirty (30) days. The table following lists these services.

Diagnostic Studies	Durable Medical Equipment	Radiographs	Diabetic Services
<ul style="list-style-type: none"><li>▪ Audiogram</li><li>▪ Cardiovascular stress test (Treadmill)</li><li>▪ Doppler</li><li>▪ Echocardiogram</li><li>▪ EEG</li><li>▪ PFT</li><li>▪ Sigmoidoscopy</li></ul>	<ul style="list-style-type: none"><li>▪ Abdominal truss</li><li>▪ Crutches</li><li>▪ Elastic support brace</li><li>▪ OTC Products<ul style="list-style-type: none"><li>– Orthotics</li><li>– Dressings</li></ul></li><li>▪ Standard one point cane</li></ul>	<ul style="list-style-type: none"><li>▪ Barium enema</li><li>▪ Barium swallow</li><li>▪ IVP</li><li>▪ Sonogram</li><li>▪ Ultrasound</li><li>▪ Upper GI</li><li>▪ X-rays – 4+ views</li></ul>	<ul style="list-style-type: none"><li>▪ Annual Retinal Screening (Ophthalmology)</li><li>▪ Endocrinology Consult and Follow-up (Type I Diabetes only)</li></ul>

All Clinics must notify AmeriChoice of all primary care authorizations on a weekly basis.

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#### Level II – Referral Services

AmeriChoice Medical Management reviews Treatment Authorization Requests (TAR) from clinics and specialists for medical appropriateness covered services. Planned admissions, surgical procedures, ancillary/supportive services, the continuation of specialty care and the following services require authorization from AmeriChoice's Medical Management.

Diagnostic Studies	Consults	DME
<ul style="list-style-type: none"><li>▪ CT Scan</li><li>▪ Mammogram under 40 for diagnosis only. Refer patient to Cancer Detection Program for routine screening mammograms.</li><li>▪ MRI</li><li>▪ Non-formulary products</li><li>▪ Nuclear studies</li><li>▪ P.E.T. Scan</li><li>▪ Simple biopsy by a Dermatologist</li><li>▪ Sleep Studies (Attach sleep study form)</li><li>▪ EMG, Limited</li><li>▪ Holter monitor</li><li>▪ Nerve conduction study</li></ul>	<ul style="list-style-type: none"><li>▪ All UCSD services</li><li>▪ Cardiology</li><li>▪ Dermatology</li><li>▪ Endocrinology</li><li>▪ ENT</li><li>▪ Gastroenterology</li><li>▪ Gynecology</li><li>▪ Hernia repair evaluation (with work history form completed and attached)</li><li>▪ Nephrology</li><li>▪ Neurology</li><li>▪ Neurosurgery</li><li>▪ Oncology</li><li>▪ Ophthalmology</li><li>▪ Optometry</li><li>▪ Orthopedics</li><li>▪ Pain Management</li><li>▪ Physical Therapy (evaluation only)</li><li>▪ Podiatry</li><li>▪ Pulmonology</li><li>▪ Rheumatology</li><li>▪ Surgery, Plastic, General and Vascular</li><li>▪ Surgical evaluation (hernia &amp; lipoma)</li><li>▪ Urology</li></ul>	<ul style="list-style-type: none"><li>▪ All soft and durable medical supplies not listed as covered Level I Services</li></ul>

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Providers must submit their request on a CMS-19, CMS Program Request for Referral Services Form (Treatment Authorization Request [TAR]), to AmeriChoice with sufficient information to support the requested medical service. Information required includes:

- History & assessment of the stated condition;
- Applicable diagnostic test results;
- Clinical notes specific to the condition, when appropriate

Turnaround time for routine TARs is five to seven working days.

**Complete, accurate and legible information will ensure a prompt response from AmeriChoice.**

### **Urgent TAR**

AmeriChoice will process a TAR as urgent only when services are needed because of a patient's **immediate medical condition**. In addition to the usual patient identification, indicate the medical service needed and document sufficient information to establish the medical urgency. Legibility and appropriate documentation is important.

If the patient's condition is life threatening, refer the patient to the nearest CMS contracting hospital or call 911. Emergency care does not require prior approval; medically necessary ambulance service is covered for eligible patients when taken to a contracted hospital.

### **Approvals**

AmeriChoice will provide each clinic of the status of their processed TARs by fax on a daily basis. The clinic is responsible for notifying the patient of the approved referral and forwarding appropriate medical information to the specialist.

If the patient's eligibility is pending or has expired, AmeriChoice will not release the authorization number until the eligibility has been determined. AmeriChoice will send notification indicating approval or denial of the TAR once the eligibility status has been entered into the claims processing system.

### **Denials**

#### **Administrative Denials**

AmeriChoice may deny a TAR for administrative reasons. Administrative denials meet the following criteria:

- TAR documentation does not address the reason for the referral (insufficient information to make a medical determination)
- The service requested is not within the CMS scope of services
- The request is illegible

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- The required supportive documentation and forms are not presented and form is not presented with the request

Providers are notified of administrative denials via the Treatment Authorization Request (TAR) CMS Administrative Denial Form, which is mailed to the ordering provider and the Daily Processed TAR Report, which is faxed.

#### Medical Denials

Referrals that pose any uncertainty about medical necessity or conformity with treatment guidelines will be referred to the AmeriChoice Medical Director or Physician Advisor for final determination. Providers will be notified of the denial via the Treatment Authorization Request (TAR) CMS Medical Denial Form.

Patients are notified of medical denials via a form generated from the claims processing system.

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### Dental Services

Limited dental services are available to patients with standard eligibility. Services are limited to procedures described in the listing of CMS Primary Care Basic Dental Services located in Attachment B and are available at the following locations:

**Comprehensive Health Center**

3177 Ocean View Boulevard  
San Diego, CA 92113  
(619) 231-9300

**Neighborhood Healthcare –****Lakeside Dental**

10039 Vine Street  
Lakeside, CA 92040  
(619) 390-9975

**FHC Fallbrook Family Health Center**

593 East Elder, Suite B  
Fallbrook, CA 92028  
(760) 451-2912

**Neighborhood Healthcare – Ray M.****Dickinson Wellness Center**

425 North Date  
Escondido, CA 92025  
(760) 737-2018

**FHC San Diego – Grossmont/Spring****Valley Dental**

8788 Jamacha Road  
Spring Valley, CA 92977  
(619) 515-2330

**North Park Dental Clinic**

3544 30<sup>th</sup> Street  
San Diego, CA 92104  
(619) 515-2434

**FHC San Diego – Logan Heights****Dental Clinic**

1809 National Avenue  
San Diego, CA 92113  
(619) 515-2394

**San Ysidro Health Center**

4004 Beyer Boulevard  
San Ysidro, CA 92173  
(619) 662-4180

**La Maestra Family Clinic**

4185 Fairmont Avenue  
San Diego, CA 92105  
(619) 285-8135

**Vista Community Clinic**

1000 Vale Terrace  
Vista, CA 92084  
(760) 631-5000

**Operation Samahan – Camino Ruiz**

10737 Camino Ruiz, Suite 100  
San Diego, CA 92126  
(858) 578-4220

**La Maestra Family Clinic – El Cajon**

165 South First Street  
El Cajon, CA 92019  
(619) 312-0347

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

### Optometry Services

Optometrist services for refractory exam, lenses and frames are limited to certified patients whose corrected visual acuity is 20/50 or worse in one or both eyes, and are receiving ongoing care at a primary care clinic for a chronic condition. Prior authorization from AmeriChoice is required for all optometry services. Claims history and diagnoses are reviewed to determine criteria for ongoing care.

**A patient must be seen by the primary care provider at least three (3) times in a 6-month period to monitor and treat a chronic physical health condition.**

### Pharmacy Services

The CMS Program covers prescribed medications for all products listed on the CMS formulary. (All prescriptions funded by CMS must be approved by the FDA). Formulary exceptions are processed by the CMS pharmacy benefit management company. This formulary is modified on a periodic basis, and updates are provided to all participating pharmacy vendors and primary clinics as they occur. Drug limitations (Code I) and directions for obtaining non-formulary prescriptions are detailed in the instruction section of the CMS formulary.

Pharmacies may dispense the full-prescribed quantity of medications for certified CMS patients up to a maximum of a thirty (30) day supply. The physician determines the appropriate number of refills when prescribing maintenance drugs, however the prescriptions can be written for the full time period permitted by law.

Primary Care Clinic Handbook

## Section V Complaints and Appeals

The CMS Complaint and Medical Appeal process provides a method for CMS Program Administration and AmeriChoice to investigate and resolve complaints and appeals filed by patients and providers.

### Complaints

A complaint is a written or verbal expression of dissatisfaction with access to care, quality of services, denial of services, etc. Primary care clinics must have an internal complaint process to handle complaints and to monitor quality of services. The clinic must use its internal process to try to resolve patient complaints about clinic services and treatment plans. The clinics may ask AmeriChoice for clarification of program coverage and procedures by forwarding pertinent information to AmeriChoice. AmeriChoice will work with the clinics and patients to facilitate communication and to provide information.

When efforts to resolve the complaints are unsuccessful and the differences between a patient and a provider are irreconcilable, Clinic Administration may ask the patient to transfer to another clinic. Clinic Administration must:

1. Send a written notice to the patient stating that after thirty (30) days the clinic will no longer treat them.
2. Tell the patient to call the CMS Patient Information Line to change primary care provider.
3. Send a copy of the letter with a summary of the patient's medical services to AmeriChoice.

### Medical Appeals

The CMS Program utilizes a two tiered appeal process: reconsideration and appeal. Instructions for requesting a review are referenced on the Request for Authorization Denial Notice Form. Patients are encouraged to discuss the denial and other treatment options with their physician before filing an appeal with the AmeriChoice Patient Relations Department.

Both the patient and the requesting provider receive written notification of a medical service denial, and either one may contact AmeriChoice and request clarification or may appeal the denial within thirty (30) days of receiving the denial notice.

# **County of San Diego County Medical Services (CMS) Program**

## **Primary Care Clinic Handbook**

All written and verbal inquiries to AmeriChoice, whether from the patient or the provider, will initiate an investigation. The Medical Appeal Process has two levels. The first level is called a Reconsideration and the second level is called an Appeal. When AmeriChoice denies a Request for Authorization, AmeriChoice sends a written denial notice to the patient and sends a copy of the notice to the Primary Care Provider who requested authorization. Patients should review the denial with the Primary Care Provider and discuss other treatment options. Either the patient or the provider may contact AmeriChoice to obtain clarification or to file a Reconsideration.

### **Reconsideration**

The patient or provider must submit a written request for reconsideration to AmeriChoice within 30 calendar days from the date of the service denial notice. Upon receipt of the request for consideration AmeriChoice will:

1. Contact the patient to clarify the details of the denial.
2. Review the denial and contact the requesting primary care provider or specialty physician to obtain additional medical information or clarification and re-evaluate the request.
3. Seek an opinion from an independent specialty physician, as needed.
4. Send a written decision to the patient, the requesting physician, and the patient's primary care provider within forty-five days after receipt of the reconsideration request.

### **Appeal**

The patient, the patient's authorized representative or provider must submit a written request to the CMS Program Administration within 30 calendar days from the date of the reconsideration decision notice. Upon receipt of the request for an Appeal, AmeriChoice and CMS Program Administration will:

1. Assemble an independent panel and schedule a hearing.
2. Summarize the independent panel's findings and recommendations.
3. Prepare the Final Decision Notice for the Health and Human Services Agency Director's signature.



Primary Care Clinic Handbook

## Section VI Inpatient and Emergency Department Services

### Inpatient Services

Inpatient services are services provided to a patient who is admitted to a hospital and receives medical services from a physician during at least a 24-hour period. CMS contracting hospitals are required to notify AmeriChoice within twenty-four (24) hours (extended to the first day following a weekend or holiday) of any admission of a CMS (or potential CMS) patient. Physicians who have treated a CMS certified patient on an emergency inpatient basis will be paid for these services with an approved admission.

- A single authorization number is provided to the hospital for all facility and physician services provided during that hospital stay.
- Authorizations for emergency admissions are processed and approved only when eligibility is confirmed. Authorization numbers are not released until the eligibility process is complete.

### Scheduled Admissions and Outpatient Surgery

Scheduled, non-emergent admissions and outpatient surgical procedures must be prior authorized by the AmeriChoice Medical Management staff. Prior approval includes pre-operative diagnostic tests for scheduled surgical admissions and outpatient surgery. These procedures must be provided during the approved time period.

### Inpatient Follow-up

One (1) follow-up office visit by the attending physician is included in the approved hospital referral when obtained within thirty (30) days of discharge. Post-operative care associated with the procedure is deemed global and is not separately reimbursed. Any laboratory and x-ray service provided during this visit requires separate authorization.

### Emergency Department Services

Emergency Department services, including specialty physician services provided in the ER, are covered when provided in any San Diego acute care hospital for CMS certified patients. The emergency condition must be a physical condition within the CMS Scope of Services.

## County of San Diego County Medical Services (CMS) Program

### Primary Care Clinic Handbook

Specialist physicians providing care in a contracting emergency department do not need separate authorization; however, the episode must meet the following conditions:

- The patient must be certified CMS eligible for the date of service with a current CMS ID Card. The condition must be included in the CMS Scope of Services.
- The place of service listed on the claim form must be the emergency department at a CMS contracting hospital.

#### Emergency Department Follow-up Care

Only CMS certified patients are eligible for specialty care when visit(s) are prior authorized by AmeriChoice.

- If the patient is not already CMS certified, the patient must call the **CMS Appointment Line at (800) 587-8118** to schedule an eligibility appointment. The AmeriChoice Customer Service Representatives will screen for CMS eligibility at that time.

# **County of San Diego County Medical Services (CMS) Program**

## **Primary Care Clinic Handbook**

### **Section VII Claims**

AmeriChoice processes all claims submitted by hospitals, clinics, specialty physicians and ancillary providers seeking payment from the CMS Program.

#### **Submission Requirements**

All claims must:

- Be for services and service dates that match the certified patient's eligibility and period authorized.
- Be submitted electronically. When the patient has other health coverage (OHC), you must submit a claim to the other insurance carrier first, and then submit the other carrier's Explanation of Benefits (EOB) before submitting your claim to AmeriChoice.
- Include the following information:
  - Patient name, birth date, and Social Security Number
  - Date(s) of service
  - Place of service
  - Vendor and group name, address and phone number
  - Provider Tax Identification Number
  - ICD-9 Codes
  - Current RVS, CPT, HCPCS and Medi-Cal/Denti-Cal codes as indicated
  - Authorization number (TAR control number)
  - All documentation and attachments required by Medi-Cal
  - Catalogue page or invoice when submitting an unlisted or "miscellaneous" code
- Be submitted within 30 days from the date of services, but no later than July 31 to:

**AmeriChoice  
County Medical Services (CMS) Program  
Claims Office  
PO Box 939016  
San Diego, CA 92193**

#### **Checking Claim Status**

AmeriChoice processes claims that are complete and accurate within 30 days of receipt. If you have not received payment within 45 days, you may call (858) 495-1333 to ask about the status of the claim.

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

### Share of Cost

Effective July 1, 2008, CMS Providers are to continue the current billing practice for CMS reimbursement, and the provider will receive full CMS reimbursement for all approved claims regardless of whether their CMS patient has a SOC. The SOC collection shall be seamless to the provider. When the County receives a CMS provider claim for CMS covered services provided to a SOC patient, the County will bill the patient for the amount of their monthly SOC or the amount of CMS services, whichever is less. Individuals will not be billed for any months in which they did not receive CMS services. The County will collect the SOC through June 2009, while automating the process.

### Reimbursement

Checks and the Remittance Advice (RA) are produced twice a month. CMS reimbursement is considered payment in full.

- Specify the CPT codes for **all** services provided by the clinic during the visit.
  - All covered supplemental services provided in the clinic will be paid at Medi-Cal or negotiated rates.
- All CMS dental services (basic and pre-approved) are paid at Denti-Cal rates.
- All pre-approved optometry services are paid at Medi-Cal rates.

The actual utilization and level of the Primary Care Pool fund will be assessed quarterly. If necessary, interim payment rates may be adjusted to ensure, to the greatest extent possible, that the pool will not be depleted prior to the end of the contract year.

You may not bill patients for:

- Any balance of fees or other associated costs after CMS pays for the service(s)
- Any hospital administrative errors (incorrect coding, failure to obtain timely authorization or late submission)

You may bill patients for:

- Unauthorized services
- Services not covered in the CMS Program Scope of Services

### Notification of Changes to Provider Information

To ensure your check and RA is accurate and timely, immediately notify AmeriChoice's Claims Department at (858) 495-1333 of any changes in:

- Ownership
- Address (mailing and/or service site)

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

- Group affiliation
- Tax Identification Number (TIN)

Clinics must provide AmeriChoice's Claims Department with a listing of licensed providers employed by the clinic (MD, DO, RNP and PA). Copies of license numbers and if applicable, DEA numbers are required. Staff additions and any corrections should be forwarded to AmeriChoice as they occur to avoid an unnecessary delay or denial of claims.

### Medi-Cal Pending

CMS covers necessary medical care for certified patients while their Medi-Cal disability evaluation is pending. AmeriChoice will process claims for these patients following standard CMS procedures.

### Medi-Cal Approved

AmeriChoice will notify providers of the Medi-Cal approval on the RA. AmeriChoice will deny all claims received after the patient has been approved for Medi-Cal. For claims AmeriChoice has paid:

- Providers must bill Medi-Cal directly once Medi-Cal eligibility is approved
- In the event you receive payment from Medi-Cal for a service previously paid by AmeriChoice, you must reimburse the CMS Program.

### Appeal Process for Denied Claims

If a claim submitted to the CMS Program for payment is denied, you may ask for an appeal and must resubmit the claim within 30 days of the denial notification. The reason for the appeal and additional justification for payment must be clearly stated. Send all claims for appeals to the following address:

**CMS Program – Appeals  
Attention: Claims Department  
PO Box 939016  
San Diego, California 92193**

If you have questions, call the Claims Department at (858) 495-1333 for instructions about submitting your appeal. AmeriChoice will review the claim and additional information and notify you of the decision within 45 calendar days.

# **County of San Diego County Medical Services (CMS) Program**

## **Primary Care Clinic Handbook**

### **End of Year Close-Out**

The CMS Program fiscal year ends on June 30 of each year. All claims for services provided to patients certified or referred to CMS in a fiscal year, must be submitted to AmeriChoice by July 31, regardless of authorization or eligibility status.

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

### **Attachment A..... A**

CMS Program Contracting Hospitals

CMS Program Primary Care Clinics

CMS Program Pharmacies

### **Attachment B ..... B**

CMS Primary Care Dental Clinics Basic Dental Services

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

### CMS CONTRACTING HOSPITALS

**Alvarado Hospital**

6655 Alvarado Road  
San Diego, CA 92120  
(619) 287-3270

**Fallbrook Hospital District**

624 East Elder Street  
Fallbrook, CA 92028  
(760) 728-1191

**Palomar Hospital Medical Center**

555 East Valley Parkway  
Escondido, CA 92025  
(760) 739-3000

**Paradise Valley Hospital**

2400 East Fourth Street  
National City, CA 91950  
(619) 470-4321

**Pomerado Hospital**

15615 Pomerado Road  
Poway, CA 92064-2405  
(858) 613-4000

**Promise Hospital of San Diego**

5550 University Avenue  
San Diego, CA 92105  
(619) 582-3516

**Scripps Memorial – Encinitas**

354 Santa Fe Drive  
Encinitas, CA 92024  
(760) 753-6501

**Scripps Memorial – La Jolla**

9888 Genesee Avenue  
La Jolla, CA 92037  
(858) 457-4123

**Scripps Mercy Hospital**

4077 Fifth Avenue  
San Diego, CA 92103  
(619) 294-8111

**Scripps Mercy Hospital–Chula Vista**

435 H Street  
Chula Vista, CA 91910  
(619) 691-7000

**Sharp Chula Vista Medical Center**

751 Medical Center Court  
Chula Vista, CA 91911  
(619) 482-5800

**Sharp Coronado Hospital**

250 Prospect Place  
Coronado, CA 92118  
(619) 522-3600

**Sharp– Grossmont Hospital**

5555 Grossmont Center Drive  
La Mesa, CA 91942  
(619) 740-6000

**Sharp Memorial Hospital**

7901 Frost Street  
San Diego, CA 92123  
(858) 939-3400

**UCSD Medical Center**

200 West Arbor Drive  
San Diego, CA 92103  
(619) 543-6222

**UCSD Thornton Hospital**

9300 Campus Point Drive  
La Jolla, CA 92037  
(858) 550-0115



# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

### CMS PROGRAM PRIMARY CARE CLINICS

#### **BORREGO SPRINGS MEDICAL CENTER**

4343 Yaqui Pass Road  
Borrego Springs, CA 92004  
(760) 767-5051

#### **Julian Clinic**

2721 Washington Street  
Julian, CA 92036  
(760) 765-1357

#### **Centro Medico—El Cajon**

345 North Magnolia, Suite 103  
El Cajon, CA 92020-3954  
(619) 401-0404

#### **COMMUNITY HEALTH SYSTEMS**

##### **Fallbrook Family Health Center**

617 East Alvarado Street  
Fallbrook, CA 92028  
(760) 728-3816

#### **FAMILY HEALTH CENTERS OF SAN DIEGO**

##### **Beach Area Family Health Center**

3705 Mission Boulevard  
San Diego, CA 92109  
(619) 515-2444

##### **Chase Avenue Family Health Center**

1111 West Chase Avenue  
El Cajon, CA 92020  
(619) 515-2499

##### **City Heights Family Health Center**

5379 El Cajon Boulevard  
San Diego, CA 92115  
(619) 515-2400

##### **Downtown Family Health Center**

1145 Broadway  
San Diego, CA 92101  
(619) 515-2525

#### **FAMILY HEALTH CENTERS OF SAN DIEGO (Continued)**

##### **Grossmont/Spring Valley Family Health Center**

8788 Jamacha Road  
Spring Valley, CA 91977  
(619) 515-2555

##### **Logan Heights Family Health Center**

1809 National Avenue  
San Diego, CA 92113  
(619) 515-2300

##### **North Park Family Health Center**

3544 30<sup>th</sup> Street  
San Diego, CA 92104  
(619) 515-2424

##### **Sherman Heights Family Health Center**

2391 Island Avenue  
San Diego, CA 92102  
(619) 515-2435

##### **Diamond Neighborhoods Family Health Center**

220 Euclid Avenue, Suite 40  
San Diego, CA 92114  
(619) 515-2560

#### **IMPERIAL BEACH HEALTH CENTER**

949 Palm Avenue  
Imperial Beach, CA 91933  
(619) 429-3733

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

### **LA MAESTRA FAMILY CLINIC**

4185 Fairmount Avenue  
San Diego, CA 92105  
(619) 280-4213

### **El Cajon**

165 South First Street  
El Cajon, CA 92019  
(619) 312-0347

### **Highland**

101 North Highland Avenue, Suite A  
National City, CA 91950  
(619) 434-7308

### **MOUNTAIN HEALTH & COMMUNITY SERVICES**

#### **Alpine Family Medicine**

1620 Alpine Boulevard #B119  
Alpine, CA 91901  
(619) 445-6200

#### **High Desert Family Medicine**

44460 Old Highway 80  
Jacumba, CA 91934  
(619) 766-4071

#### **Escondido Family Medicine**

255 North Ash Street, Suite 101  
Escondido, CA 92027  
(760) 745-5832

#### **Mountain Empire Family Medicine**

31115 Highway 94  
Campo, CA 91906  
(619) 478-5311

#### **25th Street Family Medicine**

316 25<sup>th</sup> Street  
San Diego, CA 92102  
(619) 238-5551

### **NEIGHBORHOOD HEALTHCARE**

#### **East County Community Health Services**

855 East Madison  
El Cajon, CA 92020  
(619) 440-2751

#### **El Capitan Family Health Center**

10039 Vine Street  
Lakeside, CA 92040  
(619) 390-9975

#### **Escondido Community Health Center–North Elm**

460 North Elm Street  
Escondido, CA 92025  
(760) 737-2000

#### **Escondido Community Health Center–Pennsylvania**

1001 E. Grand Ave.  
Escondido, CA 92025  
(760) 737-7896

#### **Mountain Valley Health Center**

16650 Highway 76  
Pauma Valley, CA 92061  
(760) 742-9919

#### **Ray M. Dickinson Wellness Center**

425 North Date Street  
Escondido, CA 92025  
(760) 520-8300

### **NORTH COUNTY HEALTH SERVICES**

#### **Ramona Health Center**

217 East Earlham Street  
Ramona, CA 92065  
(760) 789-1223

### **OPERATION SAMAHAN INC.**

#### **Camino Ruiz**

10737 Camino Ruiz, Suite 100  
San Diego, CA 92126  
(858) 578-4220

# **County of San Diego County Medical Services (CMS) Program**

## **Primary Care Clinic Handbook**

### **OPERATION SAMAHAN INC. (Continued)**

#### **Highland Avenue**

2743 Highland Avenue  
National City, CA 91950  
(619) 474-8686

### **SAN DIEGO FAMILY CARE**

#### **Linda Vista Health Care Center**

6973 Linda Vista Road  
San Diego, CA 92111  
(858) 279-0925

#### **Mid City Community Clinic**

4290 Polk Avenue  
San Diego, CA 92105  
(619) 563-0250

### **SAN YSIDRO HEALTH CENTER**

4004 Beyer Boulevard  
San Ysidro, CA 92173  
(619) 428-4463

#### **Chula Vista Family Clinic**

865 Third Avenue, Suite 133  
Chula Vista, CA 91910  
(619) 498-6200

#### **National City Family Clinic**

1136 D Avenue  
National City, CA 91950  
(619) 336-2300

#### **Otay Family Health Center**

1637 Third Avenue, Suite B  
Chula Vista, CA 91911  
(619) 205-1360

### **SAN YSIDRO HEALTH CENTER (Continued)**

#### **Comprehensive Health Center—Metro**

3177 Ocean View Boulevard  
San Diego, CA 92113  
(619) 231-9300

#### **Comprehensive Health Center—Downtown**

120 Elm Street, Suite 110  
San Diego, CA 92101  
(619) 235-4211

#### **Comprehensive Health Center—Euclid**

286 Euclid Avenue, Suite 302  
San Diego, CA 92114  
(619) 527-7330

### **VISTA COMMUNITY CLINICS**

#### **Tri City Community Health Ctr.**

161 Thunder Drive, Suite 212  
Vista, CA 92083  
(760) 631-5030

#### **Vista Community Clinic**

1000 Vale Terrace  
Vista, CA 92084  
(760) 631-5000

#### **Vista Community Clinic –Horne Street**

517 N. Horne Street  
Oceanside, CA 92054  
(760) 631-5009

#### **Vista Community Clinic–N. River Rd**

4700 North River Road  
Oceanside, CA 92057  
(760) 433-6880

#### **Vista Community Clinic–West**

818 Pier View Way  
Oceanside, CA 92054  
(760) 631-5250

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

### CMS Program Pharmacies

**All Target/WalMart and CVS/Sav-On Pharmacies throughout San Diego County**

#### **Alvarado Community Pharmacy**

6367 Alvarado Court #109  
San Diego, CA 92120  
(619) 287-7697

#### **Alvarado Medical Plaza Pharmacy**

5555 Reservoir Drive, Suite 114  
San Diego, CA 92120  
(619) 287-5035

#### **Asmar Community Pharmacy**

436 S. Magnolia Ave., Ste 102  
El Cajon, CA 92020  
(619) 447-9900

#### **Avocado Pharmacy**

248 Avocado Avenue  
El Cajon, CA 92020  
(619) 442-0417

#### **Borrego Community Health Foundation**

655 Palm Canyon Drive, Suite B  
Borrego Springs, CA 92004  
(760) 767-3049

#### **C&A Pharmacy**

488 East Valley Parkway. Suite 101  
Escondido, CA 92025  
(760) 489-1668

#### **Cedar Pharmacy**

10737 Camino Ruiz #138  
San Diego, CA 92126  
(858) 536-7799

#### **Clark's Greenfield Pharmacy**

1685 East Main Street, Suite 101  
El Cajon, CA 92021  
(619) 441-5800

#### **Community Medical Pharmacy**

750 Medical Center Court, Suite 1  
Chula Vista, CA 91911  
(619) 421-1131

#### **Community Pharmacy**

29115 Valley Center Road #F  
Valley Center, CA 92082  
(760) 749-1156

#### **Community Pharmacy of Escondido**

757 East Valley Parkway  
Escondido, CA 92025  
(760) 743-6300

#### **Community Prescription Center**

640 University Avenue  
San Diego, CA 92103  
(619) 295-6688

#### **Comprehensive Health Ctr Pharmacy**

3177 Ocean View Boulevard  
San Diego, CA 92113  
(619) 231-9300

#### **CVS Pharmacare Specialty Pharmacy**

1010 University Avenue  
San Diego, CA 92103  
(619) 291-7377

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

### **DrugCo Pharmacy**

307 North Ash Street  
Escondido, CA 92027  
(760) 745-6672

### **Fallbrook Pharmacy**

343 East Alvarado Street  
Fallbrook, CA 92028  
(760) 728-3128

### **Fletcher Med Pharmacy**

8881 Fletcher Parkway, Suite 103  
La Mesa, CA 91942  
(619) 463-7770

### **Galloways Pharmacy**

2995 National Avenue  
San Diego, CA 92113  
(619) 525-1551

### **Hillcrest Pharmacy**

120 University  
San Diego, CA 92103  
(619) 260-1010

### **Imperial Beach Pharmacy**

720 Highway 75  
Imperial Beach, CA 91932  
(619) 424-8143

### **KB Pharmacy**

5065 El Cajon Blvd.  
San Diego, CA 92115  
(619) 501-8046

### **La Mesa Pharmacy**

8301 La Mesa Boulevard  
La Mesa, CA 91941  
(619) 466-3246

### **Leo's Lakeside Pharmacy**

9943 Maine Avenue  
Lakeside, CA 92040  
(619) 443-1013

### **Linda Vista Pharmacy**

2361 Ulric Street  
San Diego, CA 92111  
(858) 277-6145

### **Logan Heights Family Health Center**

1809 National Avenue  
San Diego, CA 92113  
(619) 515-2492

### **Longs Drugs**

10350 Friars Road  
San Diego, CA 92120  
(619) 563-9990

### **MED CARE Pharmacy**

161 Thunder Drive, Suite 100  
Vista, CA 92083  
(760) 758-0401

### **Medco Drugs**

1252 Broadway  
El Cajon, CA 92021  
(619) 440-3448

### **Medical Arts Pharmacy**

8851 Center Drive #110  
La Mesa, CA 91942  
(619) 461-8551

### **Medical Center Pharmacy**

340 4<sup>th</sup> Avenue #1  
Chula Vista, CA 91910  
(619) 422-9291

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

**Medical Center Pharmacy**

1635 3rd Avenue, Suite A  
Chula Vista, CA 91911  
(619) 585-8818

**Park Boulevard Pharmacy**

3904 Park Boulevard  
San Diego, CA 92103  
(619) 295-3109

**Medical Center Pharmacy**

865 3<sup>rd</sup> Avenue #102  
Chula Vista, CA 91911  
(619) 585-0665

**PillCo Pharmacy #1**

8575 Los Coches Road, Suite 5  
El Cajon, CA 92021  
(619) 561-5602

**Medical Center Pharmacy**

765 Medical Center Court #208  
Chula Vista, CA 91911  
(619) 656-2846

**PillCo Pharmacy #2**

2939 Alta View Drive, Suite L  
San Diego, CA 92139  
(619) 470-4550

**Medical Center Pharmacy**

310 Santa Fe Drive #109  
Encinitas, CA 92024  
(760) 753-9433

**PJ's Prescription Shoppe**

3405 Kenyon Street  
San Diego, CA 92110  
(619) 223-5405

**Medical Center Pharmacy**

7930 Frost Street #104  
San Diego, CA 92123  
(858) 560-1911

**Price Rite Pharmacy**

5115 Garfield Street  
La Mesa, CA 91941  
(619) 469-0161

**Neighborhood Healthcare Pharmacy**

420 Elm Street  
Escondido, CA 92025  
(760) 737-2025

**Priority Pharmacy**

3935 1<sup>st</sup> Avenue  
San Diego, CA 92103  
(619) 688-2290

**Nudo's Pharmacy**

455 North Magnolia Avenue  
El Cajon, CA 92020  
(619) 442-0303

**Quality Care Pharmacy**

727 West San Marcos Boulevard, Suite 113  
San Marcos, CA 92069  
(760) 744-5959

**Paradise Valley Pharmacy**

5865 Cumberland Street  
San Diego, CA 92139  
(619) 471-3710

**Ralph's Pharmacy**

300 North 2<sup>nd</sup> Street  
El Cajon, CA 92021  
(619) 579-8022

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

**Ramona Pharmacy**

677 Main Street  
Ramona, CA 92065  
(760) 789-0180

**Sav Mart Pharmacy**

3445 Midway Drive #A  
San Diego, CA 92110  
(619) 223-2291

**Rancho Park Pharmacy**

1331 Encinitas Boulevard  
Encinitas, CA 92024  
(760) 436-2011

**Semca Pharmacy**

286 North Euclid Avenue, Suite 206  
San Diego, CA 92114  
(619) 263-6635

**Rite Aid Pharmacy**

1665 Alpine Boulevard  
Alpine, CA 91901-3859  
(619) 659-1085

**Statscript Pharmacy**

3900 5<sup>th</sup> Avenue #110  
San Diego, CA 92103  
(619) 294-5474

**Rite Aid Pharmacy**

7100 Avenida Encinas C  
Carlsbad, CA 92009  
(760) 431-7380

**Tri City Community Health Center**

161 Thunder Drive #212  
Vista, CA 92083  
(760) 631-5030

**Rite Aid Pharmacy #1**

3650 Adams Avenue  
San Diego, CA 92116  
(619) 563-0802

**TSSI Pharmacy**

7200 Parkway Drive #103, 104 & 105  
La Mesa, CA 91942  
(619) 644-2170

**Rite Aid Pharmacy #2**

4840 Niagara Avenue  
San Diego, CA 92107  
(619) 222-7503

**UCSD Ambulatory Care Pharmacy**

4168 Front Street  
San Diego, CA 92103  
(619) 543-6191

**Rite Aid Pharmacy #3**

4077 Governor Drive  
San Diego, CA 92122  
(858) 453-4455

**UCSD Medical Center Pharmacy**

200 West Arbor  
San Diego, CA 92103  
(619) 543-6191

**San Ysidro Health Center**

4004 Beyer Boulevard  
San Ysidro, CA 92173  
(619) 662-4142

**UCSD Medical Group Pharmacy**

330 Lewis Street  
San Diego, CA 92103  
(619) 471-9235

# County of San Diego County Medical Services (CMS) Program

## Primary Care Clinic Handbook

### **UCSD Moores Cancer Center**

3855 Health Science Drive  
La Jolla, CA 92092-0845  
(858) 822-608

### **UCSD Perlman Pharmacy**

9350 Campus Point Drive  
La Jolla, CA 92037-7729  
(858) 657-8610

### **Upas Pharmacy**

3332 Third Avenue  
San Diego, CA 92103  
(619) 297-1677

### **Vista Community Clinic**

517 North Horne Street  
Oceanside, CA 92054  
(760) 631-5250

### **White Cross Drug Store**

474 Fairmount Avenue  
San Diego, CA 92105  
(619) 284-1141



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**CMS PRIMARY CARE DENTAL CLINICS BASIC DENTAL SERVICES**

ADA Code	Description
D0140	Limited Oral Evaluation
D0150	Comprehensive Oral Evaluation
D0120	Period Oral Evaluation
D9110	Palliative (emergency) treatment
D0220	Intraoral periapical, single, first film
D0230	Intraoral periapical, each additional film
D0210	Intraoral, complete series (including bitewings)
D0240	Intraoral, occlusal film
D0250	Extraoral, first film
D0260	Extraoral, each additional film
D0272	Bitewings, two films
D0270	Bitewing, single film
D7140	Removal of erupted tooth
D7210	Removal of erupted tooth, surgical
D9930	Post-operative visit, complications
D7510	Incision and drainage of abscess, intraoral
D7520	Incision and drainage of abscess, extraoral
D7270	Reimplantation/stabilization of evulsed tooth
D7910	Suture soft tissue wounds up to 5 cm
D9230	Conscious sedation (nitrous oxide)
D9951	Occlusal adjustment (minor spot grinding)
D3220	Pulpotomy, therapeutic
D3240	Pupal therapy (resorbable filling) – posterior primary tooth
D3351	Apexification/Recalcification - initial visit
D3352	Apexification/Recalcification – interim medication replacement
D2140	Amalgam, one surface, primary or permanent tooth
D2150	Amalgam, two surfaces, primary or permanent tooth
D2160	Amalgam, three surfaces, primary or permanent tooth
D2161	Amalgam, four or more surfaces, primary or permanent tooth

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D2330	Resin based composite – one surface anterior
D2331	Resin based composite – two surfaces anterior
D2332	Resin based composite – three surfaces anterior
D2335	Resin based composite – four or more surfaces anterior
D2391	Resin based composite – one surface posterior
D2392	Resin based composite – two surfaces posterior
D2393	Resin based composite – three surfaces posterior
D2394	Resin based composite – four or more surfaces posterior
D2910	Recement inlay
D2920	Recement crown
D6930	Recement fixed partial denture
D5410	Adjust complete denture - maxillary
D5411	Adjust complete denture – mandibular
D5421	Adjust partial denture – maxillary
D5422	Adjust partial denture – mandibular